

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

January 17, 2018


Ms. Caitlin Miller, Manager
Alternatives
10 Lincoln Street
Springfield, VT 05156-2510

Dear Ms. Miller:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on December 29, 2017. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



JAN 16 2018

PRINTED: 01/04/2018
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 12/29/2017
NAME OF PROVIDER OR SUPPLIER ALTERNATIVES		STREET ADDRESS, CITY, STATE, ZIP CODE 10 LINCOLN STREET SPRINGFIELD, VT 05156			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R100	Initial Comments: The Division of Licensing and Protection conducted an unannounced on-site relicensure survey on 12/28/2017 and 12/29/2017. The following regulatory violation was identified.	R100	5.11.b Alternatives will ensure that staff receive the necessary training (#1-7 on the left) before they work with clients. This will be documented on the new training checklist that I have included. Any staff who are currently not up to date in these trainings will complete them by 1/26/2018.		
R179 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.11-Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the	R179			

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

POKB11

If continuation sheet 1 of 2

R179 POC accepted 1/17/18 SSherbroke R/L/PMA

PRINTED: 01/04/2018
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R179	Continued From page 1 residence failed to ensure that all staff members received training in the seven mandated topic areas identified in the Vermont Residential Care Home Licensing Regulations. Findings include: Per review of inservice training records at the time of the survey, 2 of 5 staff member files contained no evidence of First Aid or resident emergency procedures training. The lack of First Aid training was confirmed with the Program Coordinator at 10:45 AM on 12/28/2017.	R179			

Division of Licensing and Protection
STATE FORM

0002

P0KB11

If continuation sheet 2 of 2

**Initial Training Checklist****EMPLOYEE:** _____**DATE:** _____**PROGRAM I WORK AT:** _____

I acknowledge that I have received the following training and understand the corresponding constructs as it relates to my employment.

- ☐ Resident Rights
- ☐ Mandated Reporting – APS: Abuse, Neglect and Exploitation
- ☐ Behavioral Emergency Procedures
- ☐ Respectful and Effective Communication
- ☐ General Supervision and Resident Care
- ☐ Resident Emergency Response/First Aid
- ☐ Fire Safety, Emergency Evacuation
- ☐ Infection Control

Employee Signature: _____**Facilitator Signature:** _____